

28 None

29 **Other Special Clauses:**

30 None

31 **Utah Code Sections Affected:**

32 AMENDS:

33 17-43-201, as last amended by Laws of Utah 2014, Chapter 213

34 17-43-204, as last amended by Laws of Utah 2008, Chapter 194

35 17-43-301, as last amended by Laws of Utah 2014, Chapter 213

36 17-43-305, as last amended by Laws of Utah 2013, Chapter 17

37 26A-1-102, as last amended by Laws of Utah 2002, Chapter 249

38 26A-1-105, as last amended by Laws of Utah 2002, Chapter 249

39 26A-1-109, as last amended by Laws of Utah 2002, Chapter 249

40 26A-1-110, as last amended by Laws of Utah 2003, Chapter 131

41 26A-1-111, as last amended by Laws of Utah 2010, Chapter 324

42 26A-1-118, as last amended by Laws of Utah 2002, Chapter 249

43 26A-1-119, as last amended by Laws of Utah 2002, Chapter 249

44 62A-15-103, as last amended by Laws of Utah 2015, Chapter 412

45 ENACTS:

46 26A-1-105.5, Utah Code Annotated 1953



48 *Be it enacted by the Legislature of the state of Utah:*

49 Section 1. Section 17-43-201 is amended to read:

50 **17-43-201. Local substance abuse authorities -- Responsibilities.**

51 (1) (a) (i) In each county operating under a county executive-council form of
52 government under Section 17-52-504, the county legislative body is the local substance abuse
53 authority, provided however that any contract for plan services shall be administered by the
54 county executive.

55 (ii) In each county operating under a council-manager form of government under
56 Section 17-52-505, the county manager is the local substance abuse authority.

57 (iii) In each county other than a county described in Subsection (1)(a)(i) or (ii), the
58 county legislative body is the local substance abuse authority.

59 (b) Within legislative appropriations and county matching funds required by this
60 section, and under the direction of the division, each local substance abuse authority shall:

61 (i) develop substance abuse prevention and treatment services plans;

62 (ii) provide substance abuse services to residents of the county; and

63 (iii) cooperate with efforts of the Division of Substance Abuse and Mental Health to
64 promote integrated programs that address an individual's substance abuse, mental health, and
65 physical healthcare needs, as described in Section 62A-15-103.

66 (c) Within legislative appropriations and county matching funds required by this
67 section, each local substance abuse authority shall cooperate with the efforts of the Department
68 of Human Services to promote a system of care, as defined in Section 62A-1-104, for minors
69 with or at risk for complex emotional and behavioral needs, as described in Section 62A-1-111.

70 (2) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
71 Cooperation Act, two or more counties may join to:

72 (i) provide substance abuse prevention and treatment services; or

73 (ii) create a united local health department that provides substance abuse treatment
74 services, mental health services, and local health department services in accordance with
75 Subsection (3).

76 (b) The legislative bodies of counties joining to provide services may establish
77 acceptable ways of apportioning the cost of substance abuse services.

78 (c) Each agreement for joint substance abuse services shall:

79 (i) (A) designate the treasurer of one of the participating counties or another person as
80 the treasurer for the combined substance abuse authorities and as the custodian of money
81 available for the joint services; and

82 (B) provide that the designated treasurer, or other disbursing officer authorized by the
83 treasurer, may make payments from the money for the joint services upon audit of the
84 appropriate auditing officer or officers representing the participating counties;

85 (ii) provide for the appointment of an independent auditor or a county auditor of one of
86 the participating counties as the designated auditing officer for the combined substance abuse
87 authorities;

88 (iii) (A) provide for the appointment of the county or district attorney of one of the
89 participating counties as the designated legal officer for the combined substance abuse

90 authorities; and

91 (B) authorize the designated legal officer to request and receive the assistance of the
92 county or district attorneys of the other participating counties in defending or prosecuting
93 actions within their counties relating to the combined substance abuse authorities; and

94 (iv) provide for the adoption of management, clinical, financial, procurement,
95 personnel, and administrative policies as already established by one of the participating
96 counties or as approved by the legislative body of each participating county or interlocal board.

97 (d) An agreement for joint substance abuse services may provide for joint operation of
98 services and facilities or for operation of services and facilities under contract by one
99 participating local substance abuse authority for other participating local substance abuse
100 authorities.

101 (3) A county governing body may elect to combine the local substance abuse authority
102 with the local mental health authority created in Part 3, Local Mental Health Authorities, and
103 the local health department created in Title 26A, Chapter 1, Part 1, Local Health Department
104 Act, to create a united local health department under Section [26A-1-105.5](#). A local substance
105 abuse authority that joins a united local health department shall comply with this part.

106 (4) (a) Each local substance abuse authority is accountable to the department, the
107 Department of Health, and the state with regard to the use of state and federal funds received
108 from those departments for substance abuse services, regardless of whether the services are
109 provided by a private contract provider.

110 (b) Each local substance abuse authority shall comply, and require compliance by its
111 contract provider, with all directives issued by the department and the Department of Health
112 regarding the use and expenditure of state and federal funds received from those departments
113 for the purpose of providing substance abuse programs and services. The department and
114 Department of Health shall ensure that those directives are not duplicative or conflicting, and
115 shall consult and coordinate with local substance abuse authorities with regard to programs and
116 services.

117 [~~4~~] (5) Each local substance abuse authority shall:

118 (a) review and evaluate substance abuse prevention and treatment needs and services,
119 including substance abuse needs and services for individuals incarcerated in a county jail or
120 other county correctional facility;

- 121 (b) annually prepare and submit to the division a plan approved by the county
122 legislative body for funding and service delivery that includes:
- 123 (i) provisions for services, either directly by the substance abuse authority or by
124 contract, for adults, youth, and children, including those incarcerated in a county jail or other
125 county correctional facility; and
 - 126 (ii) primary prevention, targeted prevention, early intervention, and treatment services;
 - 127 (c) establish and maintain, either directly or by contract, programs licensed under Title
128 62A, Chapter 2, Licensure of Programs and Facilities;
 - 129 (d) appoint directly or by contract a full or part time director for substance abuse
130 programs, and prescribe the director's duties;
 - 131 (e) provide input and comment on new and revised rules established by the division;
 - 132 (f) establish and require contract providers to establish administrative, clinical,
133 procurement, personnel, financial, and management policies regarding substance abuse services
134 and facilities, in accordance with the rules of the division, and state and federal law;
 - 135 (g) establish mechanisms allowing for direct citizen input;
 - 136 (h) annually contract with the division to provide substance abuse programs and
137 services in accordance with the provisions of Title 62A, Chapter 15, Substance Abuse and
138 Mental Health Act;
 - 139 (i) comply with all applicable state and federal statutes, policies, audit requirements,
140 contract requirements, and any directives resulting from those audits and contract requirements;
 - 141 (j) promote or establish programs for the prevention of substance abuse within the
142 community setting through community-based prevention programs;
 - 143 (k) provide funding equal to at least 20% of the state funds that it receives to fund
144 services described in the plan;
 - 145 (l) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
146 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title
147 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
148 Other Local Entities Act;
 - 149 (m) for persons convicted of driving under the influence in violation of Section
150 41-6a-502 or 41-6a-517, conduct the following as defined in Section 41-6a-501:
 - 151 (i) a screening;

152 (ii) an assessment;
153 (iii) an educational series; and
154 (iv) substance abuse treatment; and
155 (n) utilize proceeds of the accounts described in Subsection 62A-15-503(1) to
156 supplement the cost of providing the services described in Subsection ~~[(4)]~~ (5)(m).
157 ~~[(5)]~~ (6) Before disbursing any public funds, each local substance abuse authority shall
158 require that each entity that receives any public funds from the local substance abuse authority
159 agrees in writing that:
160 (a) the entity's financial records and other records relevant to the entity's performance
161 of the services provided to the local substance abuse authority shall be subject to examination
162 by:
163 (i) the division;
164 (ii) the local substance abuse authority director;
165 (iii) (A) the county treasurer and county or district attorney; or
166 (B) if two or more counties jointly provide substance abuse services under an
167 agreement under Subsection (2), the designated treasurer and the designated legal officer;
168 (iv) the county legislative body; and
169 (v) in a county with a county executive that is separate from the county legislative
170 body, the county executive;
171 (b) the county auditor may examine and audit the entity's financial and other records
172 relevant to the entity's performance of the services provided to the local substance abuse
173 authority; and
174 (c) the entity will comply with the provisions of Subsection ~~[(3)]~~ (4)(b).
175 ~~[(6)]~~ (7) A local substance abuse authority may receive property, grants, gifts, supplies,
176 materials, contributions, and any benefit derived therefrom, for substance abuse services. If
177 those gifts are conditioned upon their use for a specified service or program, they shall be so
178 used.
179 ~~[(7)]~~ (8) (a) As used in this section, "public funds" means the same as that term is
180 defined in Section 17-43-203.
181 (b) Public funds received for the provision of services pursuant to the local substance
182 abuse plan may not be used for any other purpose except those authorized in the contract

183 between the local substance abuse authority and the provider for the provision of plan services.

184 ~~[(8)]~~ (9) Subject to the requirements of the federal Substance Abuse Prevention and
185 Treatment Block Grant, ~~[Public Law]~~ Pub. L. No. 102-321, a local substance abuse authority
186 shall ensure that all substance abuse treatment programs that receive public funds:

187 (a) accept and provide priority for admission to a pregnant woman or a pregnant minor;
188 and

189 (b) if admission of a pregnant woman or a pregnant minor is not possible within 24
190 hours of the time that a request for admission is made, provide a comprehensive referral for
191 interim services that:

192 (i) are accessible to the pregnant woman or pregnant minor;

193 (ii) are best suited to provide services to the pregnant woman or pregnant minor;

194 (iii) may include:

195 (A) counseling;

196 (B) case management; or

197 (C) a support group; and

198 (iv) shall include a referral for:

199 (A) prenatal care; and

200 (B) counseling on the effects of alcohol and drug use during pregnancy.

201 ~~[(9)]~~ (10) If a substance abuse treatment program described in Subsection ~~[(8)]~~ (9) is
202 not able to accept and admit a pregnant woman or pregnant minor under Subsection ~~[(8)]~~ (9)
203 within 48 hours of the time that request for admission is made, the local substance abuse
204 authority shall contact the Division of Substance Abuse and Mental Health for assistance in
205 providing services to the pregnant woman or pregnant minor.

206 Section 2. Section **17-43-204** is amended to read:

207 **17-43-204. Fees for substance abuse services -- Responsibility for cost of service if**
208 **rendered by authority to nonresident -- Authority may receive funds from other sources.**

209 (1) Each local substance abuse authority shall charge a fee for substance abuse
210 services, except that substance abuse services may not be refused to any person because of
211 inability to pay.

212 (2) If a local substance abuse authority, through its designated provider, provides a
213 service described in Subsection **17-43-201**~~[(4)]~~(5) to a person who resides within the

214 jurisdiction of another local substance abuse authority, the local substance abuse authority in
215 whose jurisdiction the person resides is responsible for the cost of that service if its designated
216 provider has authorized the provision of that service.

217 (3) A local substance abuse authority and entities that contract with a local substance
218 abuse authority to provide substance abuse services may receive funds made available by
219 federal, state, or local health, substance abuse, mental health, education, welfare, or other
220 agencies, in accordance with the provisions of this part and Title 62A, Chapter 15, Substance
221 Abuse and Mental Health Act.

222 Section 3. Section 17-43-301 is amended to read:

223 **17-43-301. Local mental health authorities -- Responsibilities.**

224 (1) (a) (i) In each county operating under a county executive-council form of
225 government under Section 17-52-504, the county legislative body is the local mental health
226 authority, provided however that any contract for plan services shall be administered by the
227 county executive.

228 (ii) In each county operating under a council-manager form of government under
229 Section 17-52-505, the county manager is the local mental health authority.

230 (iii) In each county other than a county described in Subsection (1)(a)(i) or (ii), the
231 county legislative body is the local mental health authority.

232 (b) Within legislative appropriations and county matching funds required by this
233 section, under the direction of the division, each local mental health authority shall:

234 (i) provide mental health services to persons within the county; and

235 (ii) cooperate with efforts of the Division of Substance Abuse and Mental Health to
236 promote integrated programs that address an individual's substance abuse, mental health, and
237 physical healthcare needs, as described in Section 62A-15-103.

238 (c) Within legislative appropriations and county matching funds required by this
239 section, each local mental health authority shall cooperate with the efforts of the Department of
240 Human Services to promote a system of care, as defined in Section 62A-1-104, for minors with
241 or at risk for complex emotional and behavioral needs, as described in Section 62A-1-111.

242 (2) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
243 Cooperation Act, two or more counties may join to:

244 (i) provide mental health prevention and treatment services; or

245 (ii) create a united local health department that combines substance abuse treatment
246 services, mental health services, and local health department services in accordance with
247 Subsection (3).

248 (b) The legislative bodies of counties joining to provide services may establish
249 acceptable ways of apportioning the cost of mental health services.

250 (c) Each agreement for joint mental health services shall:

251 (i) (A) designate the treasurer of one of the participating counties or another person as
252 the treasurer for the combined mental health authorities and as the custodian of money
253 available for the joint services; and

254 (B) provide that the designated treasurer, or other disbursing officer authorized by the
255 treasurer, may make payments from the money available for the joint services upon audit of the
256 appropriate auditing officer or officers representing the participating counties;

257 (ii) provide for the appointment of an independent auditor or a county auditor of one of
258 the participating counties as the designated auditing officer for the combined mental health
259 authorities;

260 (iii) (A) provide for the appointment of the county or district attorney of one of the
261 participating counties as the designated legal officer for the combined mental health
262 authorities; and

263 (B) authorize the designated legal officer to request and receive the assistance of the
264 county or district attorneys of the other participating counties in defending or prosecuting
265 actions within their counties relating to the combined mental health authorities; and

266 (iv) provide for the adoption of management, clinical, financial, procurement,
267 personnel, and administrative policies as already established by one of the participating
268 counties or as approved by the legislative body of each participating county or interlocal board.

269 (d) An agreement for joint mental health services may provide for:

270 (i) joint operation of services and facilities or for operation of services and facilities
271 under contract by one participating local mental health authority for other participating local
272 mental health authorities; and

273 (ii) allocation of appointments of members of the mental health advisory council
274 between or among participating counties.

275 (3) A county governing body may elect to combine the local mental health authority

276 with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
277 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
278 Department Act, to create a united local health department under Section [26A-1-105.5](#). A local
279 mental health authority that joins with a united local health department shall comply with this
280 part.

281 (4) (a) Each local mental health authority is accountable to the department, the
282 Department of Health, and the state with regard to the use of state and federal funds received
283 from those departments for mental health services, regardless of whether the services are
284 provided by a private contract provider.

285 (b) Each local mental health authority shall comply, and require compliance by its
286 contract provider, with all directives issued by the department and the Department of Health
287 regarding the use and expenditure of state and federal funds received from those departments
288 for the purpose of providing mental health programs and services. The department and
289 Department of Health shall ensure that those directives are not duplicative or conflicting, and
290 shall consult and coordinate with local mental health authorities with regard to programs and
291 services.

292 ~~[(4)]~~ (5) (a) Each local mental health authority shall:

293 (i) review and evaluate mental health needs and services, including mental health needs
294 and services for persons incarcerated in a county jail or other county correctional facility;

295 (ii) as provided in Subsection ~~[(4)]~~ (5)(b), annually prepare and submit to the division a
296 plan approved by the county legislative body for mental health funding and service delivery,
297 either directly by the local mental health authority or by contract;

298 (iii) establish and maintain, either directly or by contract, programs licensed under Title
299 62A, Chapter 2, Licensure of Programs and Facilities;

300 (iv) appoint, directly or by contract, a full-time or part-time director for mental health
301 programs and prescribe the director's duties;

302 (v) provide input and comment on new and revised rules established by the division;

303 (vi) establish and require contract providers to establish administrative, clinical,
304 personnel, financial, procurement, and management policies regarding mental health services
305 and facilities, in accordance with the rules of the division, and state and federal law;

306 (vii) establish mechanisms allowing for direct citizen input;

307 (viii) annually contract with the division to provide mental health programs and
308 services in accordance with the provisions of Title 62A, Chapter 15, Substance Abuse and
309 Mental Health Act;

310 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
311 contract requirements, and any directives resulting from those audits and contract requirements;

312 (x) provide funding equal to at least 20% of the state funds that it receives to fund
313 services described in the plan;

314 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
315 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title
316 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
317 Other Local Entities Act; and

318 (xii) take and retain physical custody of minors committed to the physical custody of
319 local mental health authorities by a judicial proceeding under Title 62A, Chapter 15, Part 7,
320 Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.

321 (b) Each plan under Subsection [~~(4)~~] (5)(a)(ii) shall include services for adults, youth,
322 and children, which shall include:

323 (i) inpatient care and services;

324 (ii) residential care and services;

325 (iii) outpatient care and services;

326 (iv) 24-hour crisis care and services;

327 (v) psychotropic medication management;

328 (vi) psychosocial rehabilitation, including vocational training and skills development;

329 (vii) case management;

330 (viii) community supports, including in-home services, housing, family support
331 services, and respite services;

332 (ix) consultation and education services, including case consultation, collaboration
333 with other county service agencies, public education, and public information; and

334 (x) services to persons incarcerated in a county jail or other county correctional facility.

335 [~~(5)~~] (6) Before disbursing any public funds, each local mental health authority shall
336 require that each entity that receives any public funds from a local mental health authority
337 agrees in writing that:

338 (a) the entity's financial records and other records relevant to the entity's performance
339 of the services provided to the mental health authority shall be subject to examination by:

- 340 (i) the division;
- 341 (ii) the local mental health authority director;
- 342 (iii) (A) the county treasurer and county or district attorney; or
- 343 (B) if two or more counties jointly provide mental health services under an agreement
344 under Subsection (2), the designated treasurer and the designated legal officer;
- 345 (iv) the county legislative body; and
- 346 (v) in a county with a county executive that is separate from the county legislative
347 body, the county executive;

348 (b) the county auditor may examine and audit the entity's financial and other records
349 relevant to the entity's performance of the services provided to the local mental health
350 authority; and

351 (c) the entity will comply with the provisions of Subsection ~~[(3)]~~ (4)(b).

352 ~~[(6)]~~ (7) A local mental health authority may receive property, grants, gifts, supplies,
353 materials, contributions, and any benefit derived therefrom, for mental health services. If those
354 gifts are conditioned upon their use for a specified service or program, they shall be so used.

355 ~~[(7)]~~ (8) (a) As used in this section, "public funds" means the same as that term is
356 defined in Section 17-43-303.

357 (b) Public funds received for the provision of services pursuant to the local mental
358 health plan may not be used for any other purpose except those authorized in the contract
359 between the local mental health authority and the provider for the provision of plan services.

360 Section 4. Section 17-43-305 is amended to read:

361 **17-43-305. Responsibility for cost of services provided by local mental health**
362 **authority.**

363 If a local mental health authority, through its designated provider, provides any service
364 described in Subsection 17-43-301~~[(4)]~~(5)(b) to a person who resides within the jurisdiction of
365 another local mental health authority, the local mental health authority in whose jurisdiction the
366 person resides is responsible for the cost of that service if its designated provider has
367 authorized the provision of that service.

368 Section 5. Section 26A-1-102 is amended to read:

369 **26A-1-102. Definitions.**

370 As used in this part:

371 (1) "Board" means a local board of health established under Section [26A-1-109](#).372 (2) "County governing body" means one of the types of county government provided
373 for in Title 17, Chapter 52, Part 5, Forms of County Government.374 (3) "County health department" means a local health department that serves a county
375 and municipalities located within that county.376 (4) "Department" means the Department of Health created in Title 26, Chapter 1,
377 Department of Health Organization.

378 (5) "Local health department" means:

379 (a) a single county [or] local health department;380 (b) a multicounty local health department [established under this part.];381 (c) a united local health department; or382 (d) a multicounty united local health department.383 (6) "Mental health authority" means a local mental health authority created in Section
384 [17-43-301](#).385 (7) "Multicounty local health department" means a local health department that is
386 formed under Section [26A-1-105](#) and that serves two or more contiguous counties and
387 municipalities within those counties.388 (8) "Multicounty united local health department" means a united local health
389 department that is formed under Section [26A-1-105.5](#) and that serves two or more contiguous
390 counties and municipalities within those counties.391 (9) "Single county local health department" means a local health department that is
392 created by the governing body of one county to provide services to the county and the
393 municipalities within that county.394 (10) "Substance abuse authority" means a local substance abuse authority created in
395 Section [17-43-201](#).396 (11) "United local health department":397 (a) means a substance abuse authority, a mental health authority, and a local health
398 department that join together under Section [26A-1-105.5](#); and399 (b) includes a multicounty united local health department.

400 Section 6. Section **26A-1-105** is amended to read:

401 **26A-1-105. Multicounty local health departments.**

402 (1) Two or more contiguous counties may [~~unite to create and maintain a local health~~
403 ~~department~~], by executing an agreement pursuant to the provisions of Title 11, Chapter 13,
404 Interlocal Cooperation Act, unite to create and maintain a local health department that does not
405 combine the substance abuse authority and the mental health authority with the local health
406 department.

407 (2) Any municipalities within counties comprising a multicounty local health
408 department under Subsection (1) shall be served by the multicounty local health department.

409 Section 7. Section **26A-1-105.5** is enacted to read:

410 **26A-1-105.5. United local health department -- Multicounty united local health**
411 **department -- Election by county governing body -- Appointment of director.**

412 (1) A county governing body may elect to:

413 (a) form a united local health department for the purpose of combining into a single
414 entity the duties of:

415 (i) the local health department;

416 (ii) the mental health authority; and

417 (iii) the substance abuse authority; and

418 (b) provide for the coordination of services for the populations served by the entities
419 described in Subsection (1)(a).

420 (2) (a) Two or more contiguous counties may, by executing an agreement pursuant to
421 the provisions of Title 11, Chapter 13, Interlocal Cooperation Act, unite to create and maintain
422 a multicounty united local health department.

423 (b) Any municipalities within counties comprising a multicounty united local health
424 department under Subsection (2)(a) shall be served by the multicounty united local health
425 department.

426 (3) A united local health department created under this section shall administer the
427 programs and services of each entity listed in Subsections (1)(a) in accordance with:

428 (a) this chapter;

429 (b) Title 17, Chapter 43, Part 2, Local Substance Abuse Authorities; and

430 (c) Title 17, Chapter 43, Part 3, Local Mental Health Authorities.

431 (4) (a) Notwithstanding Section [26A-1-110](#):

432 (i) the county governing body shall ~~H→~~, in consultation with the board, ←H
 432a appoint an executive director for a united local
 433 health department and determine the executive director's compensation; and

434 (ii) the county governing bodies of a multicounty united local health department shall ~~H→~~,
 434a in consultation with the board, ←H
 435 appoint an executive director for the multicounty local health department and determine the
 436 executive director's compensation.

437 (b) An executive director appointed under Subsection (4)(a):

438 (i) shall serve as the local health officer; and

439 (ii) may be removed for cause under Section [26A-1-111](#).

440 (5) The treasurer of a united local health department may establish and maintain funds
 441 in addition to the local health department fund established under Section [26A-1-119](#), if the
 442 additional fund is necessary to:

443 (a) provide substance abuse authority services or mental health authority services; and

444 (b) comply with federal regulation or federal statute.

445 Section 8. Section **26A-1-109** is amended to read:

446 **26A-1-109. Local boards of health -- Membership -- Organization -- Meetings.**

447 (1) A local health department shall have a board of health with at least three members.

448 (a) (i) Board members shall be appointed pursuant to county ordinance or interlocal
 449 agreement by the counties creating the local health department.

450 (ii) The board may include representatives from the municipalities included within the
 451 area served by the local health department.

452 (b) The board shall be nonpartisan.

453 (c) An employee of the local health department may not be a board member.

454 (2) (a) As possible, of the initial board:

455 (i) 1/3 shall serve a term of one year;

456 (ii) 1/3 shall serve a term of two years; and

457 (iii) 1/3 shall serve a term of three years.

458 (b) All subsequent appointments shall be for terms of three years and shall be made, as
 459 possible, so 1/3 of the terms of office of those serving on the board expire each year. Members
 460 appointed to fill vacancies shall hold office until expiration of the terms of their predecessors.

461 (c) Board members may be removed by the appointing county for cause prior to the

462 expiration of the member's term. Any board member removed pursuant to this Subsection (2)
463 may request and receive a hearing before the county legislative body prior to the effective date
464 of the removal.

465 (3) (a) All members of the board shall reside within the boundaries of the area served
466 by the local health department.

467 (b) A majority of the members may not:

468 (i) be primarily engaged in providing health care to individuals or in the administration
469 of facilities or institutions in which health care is provided;

470 (ii) hold a fiduciary position or have a fiduciary interest in any entity involved in the
471 provision of health care;

472 (iii) receive either directly or through a spouse more than 1/10 of the member's gross
473 income from any entity or activity relating to health care; and

474 (iv) be members of one type of business or profession.

475 (4) (a) The board shall at its organizational meeting elect from its members a chairman
476 and a vice chairman and secretary.

477 (b) The health officer of the local health department appointed pursuant to Section
478 [26A-1-110](#) or [Section 26A-1-105.5](#) may serve as secretary to the board.

479 (5) (a) (i) Regular meetings of the board shall be held not less than once every three
480 months.

481 (ii) Special meetings may be called by the chairman, the health officer, or a majority of
482 the members at any time on three days' notice by mail, or in case of emergency, as soon as
483 possible after the members of the board have been notified.

484 (b) A board may adopt and amend bylaws for the transaction of its business. A
485 majority of the board members constitute a quorum.

486 (c) Members serve without compensation, but shall be reimbursed for actual and
487 necessary traveling and subsistence expenses when absent from their place of residence in
488 attendance at authorized meetings.

489 (d) All meetings are presumed to have been called and held in accordance with this
490 section and all orders and proceedings are presumed to be authorized unless the contrary is
491 proved.

492 (6) The board shall annually report the operations of the local health department and

493 the board to the local governing bodies of the municipalities and counties served by the local
494 health department.

495 (7) The board shall annually send a copy of the local health department's approved
496 budget to the department and all local governing bodies of the municipalities and counties
497 served by the local health department. The report shall be submitted no later than 30 days after
498 the beginning of the local health department's fiscal year.

499 (8) The board shall determine the general public health policies to be followed in
500 administration of the local health department and may adopt and enforce public health rules,
501 regulations, and standards necessary to implement the board's public health policies. The board
502 shall adopt written procedures to carry out the provisions of this section.

503 Section 9. Section **26A-1-110** is amended to read:

504 **26A-1-110. Local health officer -- Powers and duties -- Vacancy.**

505 (1) [~~The~~] Except as provided in Section [26A-1-105.5](#), the board shall appoint a local
506 health officer and determine the officer's compensation:

507 (a) subject to ratification by the county executive of the county or counties in the local
508 health department; and

509 (b) as provided by:

510 (i) ordinance adopted by a county creating a county health department; or

511 (ii) the interlocal agreement pursuant to which a multicounty health department is
512 created.

513 (2) The local health officer shall:

514 (a) have the qualifications of training and experience for that office equivalent to those
515 approved by the department for local health officers;

516 (b) be the administrative and executive officer of the local health department and
517 devote full time to the duties of the office;

518 (c) if provisions have been made with the department, act as the local registrar of vital
519 statistics within the local health department's boundaries without additional compensation or
520 payment of fees provided by law;

521 (d) (i) prior to the beginning of each fiscal year, prepare an annual budget approved by
522 the board and present it:

523 (A) to the county legislative body if the local health department is a county health

524 department; or

525 (B) to the entity designated in the interlocal agreement creating the local health
526 department if the local health department is a multicounty health department; and

527 (ii) obtain final approval of the annual budget from the governing bodies designated in
528 Subsection (2)(d)(i)(A) or (B) after the governing body either:

529 (A) reviews and approves the budget; or

530 (B) amends and approves the budget; and

531 (e) prepare an annual report and provide it to the department and all counties in the
532 local health department.

533 (3) The report under Subsection (2)(e) shall contain a copy of the independent financial
534 audit required under Section 26A-1-115, a description of the population served by the local
535 health department, and other information as requested by the board or the county or counties
536 creating the local health department.

537 (4) In the absence or disability of the local health officer, or if there is a vacancy in that
538 office, the board shall appoint an acting health officer for a temporary period not to exceed one
539 year. The appointment shall be ratified by the county executive of the county or counties in the
540 local health department.

541 Section 10. Section 26A-1-111 is amended to read:

542 **26A-1-111. Removal of local health officer.**

543 (1) The local health officer may be removed for cause in accordance with this section
544 by:

545 (a) the board, if the local health officer is appointed for a single county local health
546 department; [or]

547 (b) a majority of the counties in the local health department if:

548 (i) the local health department is:

549 (A) a multicounty local health department created under Section 26A-1-105; or

550 (B) a multicounty united local health department created under Section 26A-1-105.5;

551 and

552 (ii) the county executives rescind[;] or withdraw, in writing, the ratification of the local
553 health officer; or

554 (c) the county governing body, if the local health department is a united local health

555 department for a single county, and the county governing body rescinds or withdraws, in
556 writing, the ratification of the local health officer.

557 (2) (a) A hearing shall be granted, if requested by the local health officer, prior to
558 removal of the local health officer.

559 (b) If a hearing is requested, it shall be conducted by a five-member panel with:

560 (i) two elected members from the county or counties in the local health department,
561 selected by the county executives;

562 (ii) two members of the board of the local health department who are not elected
563 officials of the counties in the local health department, selected by the board; and

564 (iii) one member selected by the members appointed under Subsections (2)(b)(i) and
565 (ii), however, the member appointed under this Subsection (2)(b)(iii) may not be an elected
566 official of the counties in the local health department and may not be a member of the board of
567 the local health department.

568 (c) (i) The hearing panel shall report its decision regarding termination to the board and
569 to the counties in the local health department.

570 (ii) The counties and board receiving the report shall vote on whether to retain or
571 terminate the local health officer.

572 (iii) The health officer is terminated if:

573 (A) the board votes to terminate; or

574 (B) a majority of the counties in the local health department vote to terminate.

575 Section 11. Section **26A-1-118** is amended to read:

576 **26A-1-118. Treasurer of local department -- Bond.**

577 (1) [~~In county health departments, the~~] The county treasurer shall serve as treasurer of
578 [~~the~~] a local health department.

579 (2) Unless another county treasurer is designated pursuant to the interlocal agreement
580 creating the multicounty local health department or the multicounty united local health
581 department, the county treasurer of the county in which the headquarters of the multicounty
582 local health department or the multicounty united local health department is located shall serve
583 as treasurer of the multicounty local health department.

584 (3) The official bond of a county treasurer shall cover the duties as treasurer of a local
585 health department.

586 Section 12. Section **26A-1-119** is amended to read:

587 **26A-1-119. Local health department fund -- Sources -- Uses.**

588 (1) [~~The~~] Except as provided in Section [26A-1-105.5](#), the treasurer of a local health
589 department shall, as part of the department organization, create a local health department fund
590 to which shall be credited any money appropriated or otherwise made available by participating
591 counties or other local political subdivisions, and any money received from the state, federal
592 government, or from surpluses, grants, fees, or donations for local health purposes.

593 (2) (a) Money credited to the fund shall be placed in a restricted account and expended
594 only for maintenance and operation of the local health department.

595 (b) Claims or demands against the fund shall be allowed on certification by the health
596 officer or other employee of the local health department designated by the health officer.

597 Section 13. Section **62A-15-103** is amended to read:

598 **62A-15-103. Division -- Creation -- Responsibilities.**

599 (1) There is created the Division of Substance Abuse and Mental Health within the
600 department, under the administration and general supervision of the executive director. The
601 division is the substance abuse authority and the mental health authority for this state.

602 (2) The division shall:

603 (a) (i) educate the general public regarding the nature and consequences of substance
604 abuse by promoting school and community-based prevention programs;

605 (ii) render support and assistance to public schools through approved school-based
606 substance abuse education programs aimed at prevention of substance abuse;

607 (iii) promote or establish programs for the prevention of substance abuse within the
608 community setting through community-based prevention programs;

609 (iv) cooperate with and assist treatment centers, recovery residences, and other
610 organizations that provide services to individuals recovering from a substance abuse disorder,
611 by identifying and disseminating information about effective practices and programs;

612 (v) promote integrated programs that address an individual's substance abuse, mental
613 health, physical health, and criminal risk factors;

614 (vi) establish and promote an evidence-based continuum of screening, assessment,
615 prevention, treatment, and recovery support services in the community for individuals with
616 substance abuse and mental illness that addresses criminal risk factors;

- 617 (vii) evaluate the effectiveness of programs described in Subsection (2);
- 618 (viii) consider the impact of the programs described in Subsection (2) on:
- 619 (A) emergency department utilization;
- 620 (B) jail and prison populations;
- 621 (C) the homeless population; and
- 622 (D) the child welfare system; and
- 623 (ix) promote or establish programs for education and certification of instructors to
- 624 educate persons convicted of driving under the influence of alcohol or drugs or driving with
- 625 any measurable controlled substance in the body;
- 626 (b) (i) collect and disseminate information pertaining to mental health;
- 627 (ii) provide direction over the state hospital including approval of its budget,
- 628 administrative policy, and coordination of services with local service plans;
- 629 (iii) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative
- 630 Rulemaking Act, to educate families concerning mental illness and promote family
- 631 involvement, when appropriate, and with patient consent, in the treatment program of a family
- 632 member; and
- 633 (iv) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative
- 634 Rulemaking Act, to direct that all individuals receiving services through local mental health
- 635 authorities or the Utah State Hospital be informed about and, if desired, provided assistance in
- 636 completion of a declaration for mental health treatment in accordance with Section
- 637 [62A-15-1002](#);
- 638 (c) (i) consult and coordinate with local substance abuse authorities and local mental
- 639 health authorities regarding programs and services;
- 640 (ii) provide consultation and other assistance to public and private agencies and groups
- 641 working on substance abuse and mental health issues;
- 642 (iii) promote and establish cooperative relationships with courts, hospitals, clinics,
- 643 medical and social agencies, public health authorities, law enforcement agencies, education and
- 644 research organizations, and other related groups;
- 645 (iv) promote or conduct research on substance abuse and mental health issues, and
- 646 submit to the governor and the Legislature recommendations for changes in policy and
- 647 legislation;

648 (v) receive, distribute, and provide direction over public funds for substance abuse and
649 mental health services;

650 (vi) monitor and evaluate programs provided by local substance abuse authorities and
651 local mental health authorities;

652 (vii) examine expenditures of any local, state, and federal funds;

653 (viii) monitor the expenditure of public funds by:

654 (A) local substance abuse authorities;

655 (B) local mental health authorities; and

656 (C) in counties where they exist, the private contract provider that has an annual or
657 otherwise ongoing contract to provide comprehensive substance abuse or mental health
658 programs or services for the local substance abuse authority or local mental health authorities;

659 (ix) contract with local substance abuse authorities and local mental health authorities
660 to provide a comprehensive continuum of services that include community-based services for
661 individuals involved in the criminal justice system, in accordance with division policy, contract
662 provisions, and the local plan;

663 (x) contract with private and public entities for special statewide or nonclinical
664 services, or services for individuals involved in the criminal justice system, according to
665 division rules;

666 (xi) review and approve each local substance abuse authority's plan and each local
667 mental health authority's plan in order to ensure:

668 (A) a statewide comprehensive continuum of substance abuse services;

669 (B) a statewide comprehensive continuum of mental health services;

670 (C) services result in improved overall health and functioning;

671 (D) a statewide comprehensive continuum of community-based services designed to
672 reduce criminal risk factors for individuals who are determined to have substance abuse or
673 mental illness conditions or both, and who are involved in the criminal justice system;

674 (E) compliance, where appropriate, with the certification requirements in Subsection
675 (2)(i); and

676 (F) appropriate expenditure of public funds;

677 (xii) review and make recommendations regarding each local substance abuse
678 authority's contract with its provider of substance abuse programs and services and each local

679 mental health authority's contract with its provider of mental health programs and services to
680 ensure compliance with state and federal law and policy;

681 (xiii) monitor and ensure compliance with division rules and contract requirements;
682 and

683 (xiv) withhold funds from local substance abuse authorities, local mental health
684 authorities, and public and private providers for contract noncompliance, failure to comply
685 with division directives regarding the use of public funds, or for misuse of public funds or
686 money;

687 (d) assure that the requirements of this part are met and applied uniformly by local
688 substance abuse authorities and local mental health authorities across the state;

689 (e) require each local substance abuse authority and each local mental health authority
690 to submit its plan to the division by May 1 of each year;

691 (f) conduct an annual program audit and review of each local substance abuse authority
692 in the state and its contract provider and each local mental health authority in the state and its
693 contract provider, including:

694 (i) a review and determination regarding whether:

695 (A) public funds allocated to local substance abuse authorities and local mental health
696 authorities are consistent with services rendered and outcomes reported by them or their
697 contract providers; and

698 (B) each local substance abuse authority and each local mental health authority is
699 exercising sufficient oversight and control over public funds allocated for substance abuse and
700 mental health programs and services; and

701 (ii) items determined by the division to be necessary and appropriate; and

702 (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4,
703 Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;

704 (h) establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative
705 Rulemaking Act, minimum standards and requirements for the provision of substance abuse
706 and mental health treatment to individuals who are required to participate in treatment by the
707 court or the Board of Pardons and Parole, or who are incarcerated, including:

708 (i) collaboration with the Department of Corrections, the Utah Substance Abuse
709 Advisory Council to develop and coordinate the standards, including standards for county and

710 state programs serving individuals convicted of class A and class B misdemeanors;

711 (ii) determining that the standards ensure available treatment includes the most current
712 practices and procedures demonstrated by recognized scientific research to reduce recidivism,
713 including focus on the individual's criminal risk factors; and

714 (iii) requiring that all public and private treatment programs meet the standards
715 established under this Subsection (2)(h) in order to receive public funds allocated to the
716 division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice
717 for the costs of providing screening, assessment, prevention, treatment, and recovery support;

718 (i) establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative
719 Rulemaking Act, the requirements and procedures for the certification of licensed public and
720 private providers who provide, as part of their practice, substance abuse and mental health
721 treatment to individuals involved in the criminal justice system, including:

722 (i) collaboration with the Department of Corrections, the Utah Substance Abuse
723 Advisory Council, and the Utah Association of Counties to develop, coordinate, and implement
724 the certification process;

725 (ii) basing the certification process on the standards developed under Subsection (2)(h)
726 for the treatment of individuals involved in the criminal justice system; and

727 (iii) the requirement that all public and private providers of treatment to individuals
728 involved in the criminal justice system shall obtain certification on or before July 1, 2016, and
729 shall renew the certification every two years, in order to qualify for funds allocated to the
730 division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice
731 on or after July 1, 2016;

732 (j) collaboration with the Commission on Criminal and Juvenile Justice to analyze and
733 provide recommendations to the Legislature regarding:

734 (i) pretrial services and the resources needed for the reduced recidivism efforts;

735 (ii) county jail and county behavioral health early-assessment resources needed for
736 offenders convicted of a class A or class B misdemeanor; and

737 (iii) the replacement of federal dollars associated with drug interdiction law
738 enforcement task forces that are reduced;

739 (k) (i) establish performance goals and outcome measurements for all treatment
740 programs for which minimum standards are established under Subsection (2)(h), including

741 recidivism data and data regarding cost savings associated with recidivism reduction and the
742 reduction in the number of inmates, that are obtained in collaboration with the Administrative
743 Office of the Courts and the Department of Corrections; and

744 (ii) collect data to track and determine whether the goals and measurements are being
745 attained and make this information available to the public;

746 (l) in its discretion, use the data to make decisions regarding the use of funds allocated
747 to the division, the Administrative Office of the Courts, and the Department of Corrections to
748 provide treatment for which standards are established under Subsection (2)(h); and

749 (m) annually, on or before August 31, submit the data collected under Subsection (2)(j)
750 to the Commission on Criminal and Juvenile Justice, which shall compile a report of findings
751 based on the data and provide the report to the legislative Judiciary Interim Committee, the
752 Health and Human Services Interim Committee, the Law Enforcement and Criminal Justice
753 Interim Committee, and the related appropriations subcommittees.

754 (3) (a) The division may refuse to contract with and may pursue its legal remedies
755 against any local substance abuse authority or local mental health authority that fails, or has
756 failed, to expend public funds in accordance with state law, division policy, contract
757 provisions, or directives issued in accordance with state law.

758 (b) The division may withhold funds from a local substance abuse authority or local
759 mental health authority if the authority's contract with its provider of substance abuse or mental
760 health programs or services fails to comply with state and federal law or policy.

761 (4) Before reissuing or renewing a contract with any local substance abuse authority or
762 local mental health authority, the division shall review and determine whether the local
763 substance abuse authority or local mental health authority is complying with its oversight and
764 management responsibilities described in Sections [17-43-201](#), [17-43-203](#), [17-43-303](#), and
765 [17-43-309](#). Nothing in this Subsection (4) may be used as a defense to the responsibility and
766 liability described in Section [17-43-303](#) and to the responsibility and liability described in
767 Section [17-43-203](#).

768 (5) In carrying out its duties and responsibilities, the division may not duplicate
769 treatment or educational facilities that exist in other divisions or departments of the state, but
770 shall work in conjunction with those divisions and departments in rendering the treatment or
771 educational services that those divisions and departments are competent and able to provide.

772 (6) The division may accept in the name of and on behalf of the state donations, gifts,
773 devises, or bequests of real or personal property or services to be used as specified by the
774 donor.

775 (7) The division shall annually review with each local substance abuse authority and
776 each local mental health authority the authority's statutory and contract responsibilities
777 regarding:

- 778 (a) the use of public funds;
- 779 (b) oversight responsibilities regarding public funds; and
- 780 (c) governance of substance abuse and mental health programs and services.

781 (8) The Legislature may refuse to appropriate funds to the division upon the division's
782 failure to comply with the provisions of this part.

783 (9) If a local substance abuse authority contacts the division under Subsection
784 [17-43-201](#)[(9)](10) for assistance in providing treatment services to a pregnant woman or
785 pregnant minor, the division shall:

- 786 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the
787 capacity to provide the treatment services; or
- 788 (b) otherwise ensure that treatment services are made available to the pregnant woman
789 or pregnant minor.

Legislative Review Note
Office of Legislative Research and General Counsel